

**APPLICATION FOR DESIGNATION OF ELIGIBLE ENTITY**  
**2011-RFA-25**  
**Application Cover Page**  
**COMMUNITY SERVICES BLOCK GRANT PROGRAM**  
**LAKE COUNTY**

Agency Name

Mailing Address (Street address, City, State, Zip Code)

**Person authorized to act as the contact for this organization in matters regarding this application:**

Printed Name (First, Last)

Title:

Telephone number:

Email address:

Fax Number:

( )

( )

Signature

Date

**Name/Title of person authorized by the Board Of Directors to sign this application on behalf of the Board:**

Printed Name (First, Last)

Title:

Telephone number:

Email address:

Fax Number:

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Signature

Date

**Executive Director or Chief Operating Officer:**

Printed Name (First, Last):

Title:

Telephone number:

Email address:

Fax Number:

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Signature

Date

*By submitting this application, the applicant signifies the acceptance of the responsibility to comply with all grant requirements in this RFA and in accordance with applicable Federal and State statute(s). The applicant understands that CSD is not obligated to fund the project until the applicant submits complete and accurate documents required for the contract agreement.*